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ICIRR Comments on the Illinois Navigator Program Design Final Report

Submitted July 27, 2012

The following comments are submitted by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR). ICIRR is a state-wide coalition of over 130 member organizations dedicated to promoting the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society.

Background

ICIRR has extensive expertise on administering programs that connect with hard-to-reach immigrant populations and assisting their participation in programs and services, such as our Immigrant Family Resource Program, the New Americans Initiative, and our 2010 Census Campaign. Through the Immigrant Family Resource Program (IFRP) we bring extensive expertise on health and human services programs participation, barriers to involvement, and best practices.

The 13-year old IFRP is funded through the Illinois Department of Human Services to conduct outreach, screening, application assistance, and interpretation to immigrant families eligible for health and human service programs. With a network of 38 ethnic community-based organizations, IFRP annually assists over 24,000 immigrant families in 53 languages to access programs and services for which they are eligible. IFRP is also a formal partner in the State of Illinois' SNAP Outreach Plan. In both these roles IFRP has been able to report back to IDHS on challenges and barriers within current enrollment systems.

ICIRR's New Americans Initiative (NAI) has been instrumental in significantly raising the numbers of naturalized US Citizens in Illinois through our coordinated outreach and workshop model. NAI and its 33 partner organizations have directly assisted over 59,000 immigrants to become U.S. citizens in the past 7 years. In FY 2010, NAI led a campaign to increase the Census return rate by knocking on 107,833 of doors in 26 immigrant communities and raised Census participation rates by as much as 18% in targeted areas.

Our relationships with our grassroots member organizations keep us highly attuned to barriers to immigrant participation and enable us to respond with successful, efficient programs.

Overall Comments

Overall ICIRR agrees with many of the comments of stakeholders and recommendations put forth by Health Management Associates (HMA). We respectfully submit the following comments regarding a potential Navigator Program in Illinois.

While HMA's report makes frequent reference to navigators addressing linguistic barriers, it makes no reference to immigration statuses as an issue with which navigators must contend. It is imperative to point out that not everyone in Illinois will be able to participate in the Medicaid expansion or in the individual insurance Exchanges. Illinois is home to 1.8 million immigrants including naturalized US Citizens, Lawful Permanent Residents, other lawfully present immigrants, and the undocumented, many of whom will be ineligible for Medicaid or the Exchange and likely confused on what, if anything, is available to them.

Navigators will play a critical role in educating immigrants on their varying eligibility, screening individual family members into Medicaid or the Exchange, and screening others toward healthcare safety-net options.

- Undocumented immigrants are barred from both federally-funded Medicaid as well as purchasing insurance sold on the Exchange. Navigators should direct them to primary care safety net providers.
- Most lawfully present immigrants with less than five years of US residency will also be barred from any Medicaid expansion. These lawfully residing immigrants will be allowed to purchase insurance via the Exchange, but many of them will be unable to afford Exchange plans and will remain uninsured. These individuals should also be connected to safety net options.
- Many immigrants live in mixed-status households with various family members eligible for different components of Affordable Care Act options, complicating navigators' screening process with immigrant families. It should also be noted that immigrants are traditionally leery of participating in government associated-programs due to concerns on the ability to become US Citizens and shielding any undocumented family members.

Program Administration

Whichever agency administers the navigator program, there should be a strong collaboration with the Illinois Department of Human Services (IDHS) given that IDHS has traditionally been the portal through which individuals apply for Medicaid. Populations given to frequent moves or job changes may not have the most updated within electronic data verification systems. Many of the hard to reach populations served by navigators will likely have difficulty gathering necessary documents. Therefore, navigators will likely assist with gathering up to date paperwork and verifications. If that continues, navigators must be able to communicate with IDHS or whichever agency handles verification on behalf of their enrollees.

Certification and Training for Navigators

- ICIRR agrees with HMA's recommendations of establishing a "formal certification process that balances the complexity of the Navigator Program with the goal of avoiding an unnecessarily burdensome or expensive process that discourages potential applicants." We also agree that a more robust training than is currently required for All Kids Application Agents (AKAA) is warranted given the complexity of the programs.
- ICIRR agrees that initial and on-going trainings must be made available to navigator organizations. In addition to training on eligibility, how the exchange operates, etc, the training should include role play as well as a module on *demystifying* the insurance exchanges and how to present this new concept in simple, straightforward ways. In-person trainings are ideal although trainings should be offered at various locations in order for organizations across Illinois to participate.
- Given the implementation of Care Coordination and more managed care within the Medicaid system, navigators should be trained on these systems so as to prepare new enrollees. Navigators should also be able to directly communicate with Care Coordination entities to facilitate community members' transition into the system.
- Most organizations already conduct background checks on their employees. Organizations should verify that background checks have been completed by anyone assisting with navigation but should not be required to submit those to the state.

Navigator Roles

- ICIRR agrees with Governor Quinn and the federal vision of "one-stop shopping" approach to navigation. In addition to the eight bullet points listed as navigator goals by HMA, ICIRR recommends the addition of outreach, screening, and enrollment assistance in available

healthcare safety-net options for those unable to participate in the Exchange or Medicaid. Furthermore, navigators should also screen for other programs like the Supplemental Nutrition Assistance Program (SNAP/ food stamps), Temporary Assistance for Needy Families (TANF), the Women, Infants, and Children Program (WIC), Affordable Child Care, and other public benefits.

- ICIRR supports HMA's suggestion that navigators have responsibility to conduct follow up, on-going assistance, and even long term maintenance of Medicaid and Exchange participation. Individuals frequently require assistance with annual recertification for programs, reporting changes of family make up and income, etc.
 - While AKAAs successfully enroll many new individuals in All Kids, they are not funded to conduct any of this necessary case maintenance. Even for AKAAs who would like to be able to assist their communities in this capacity, many lack the capacity to provide the service on an ongoing basis because there is no direct funding for it. Partners in the Immigrant Family Resource Program do offer these services and frequently work with families enrolled by other AKAAs who cannot offer ongoing services. In the past year alone, 26% of applications filed with IFRP partners for community members seeking assistance recertifying for programs.
 - Reported experience with Medicare Part D reveals that many individuals required ongoing assistance even after the first stage of application.
- Navigators should be knowledgeable and connect individuals to the healthcare safety net. If a main objective of Illinois healthcare overall is for everyone to have a medical home and receive cost efficient, preventative care, even individuals without insurance should still be able to find and utilize a medical home. Assisting individual to gain entry to local federally qualified health centers (FQHC), free clinics, or local health department facilities should be a clearly defined function of navigators.
- ICIRR agrees with HMA's recommendation that navigators serve the individual market in the initial phase of the program and then in the next phase expand to the SHOP market.

Performance Measurement, Monitoring, and Evaluation

- Navigators should have an ability to track the individuals who have been successfully enrolled in Medicaid or insurance exchanges and conduct follow up both with the enrollee and the Exchange to determine why someone identified by the navigator as eligible was denied enrollment. The accuracy rate of enrollment should be one way to measure navigators. ICIRR contends that navigators should be responsible for ongoing assistance and that such activities should also be measured.
- If an agency or network of navigators is targeted towards a specific population (homeless, immigrant, limited English proficient, etc), the percent of individuals served (reached, screened, and enrolled) that fall within that category should be measured. Reporting should happen through a central database and should be tied to data collection and tracking mechanisms in the Integrated Eligibility System.
- If navigators are tasked with assisting the remaining uninsured to find a medical home, one overall measure of success will be the number of individuals they have connected to a medical home regardless of insurance.
- ICIRR proposes measuring overall success of the navigator program via increased rates of medical homes and decreased use of hospital emergency rooms for non-emergency healthcare needs, as opposed to changes in levels of insurance coverage. Measuring actual healthcare use and preventative behaviors better accounts for successful enrollment and utilization of services and gets to the wider goals of the Affordable Care Act.
- Reporting and tracking of navigator progress should be tied to the Integrated Eligibility System. ICIRR has previously recommended to HFS that each navigator site have a unique identifier that can be used when assisting individuals, similar to AKAAs' unique identifiers used to track enrollments. The state agency overseeing the Navigator Program, as well as

navigators themselves could track at a glance how many of the individuals they work with have been successfully enrolled, are in limbo, have been denied, etc.

- Tracking through the Integrated Eligibility System should allow for individuals to transfer navigators, particularly if an individual moves or decides to seek navigator assistance elsewhere. Any monitoring evaluation should track why an individual left a specific navigator (move out of coverage area, unsatisfied with level of service, etc).
- To ensure navigators maintain performance through the grant period, Illinois could make future funding contingent upon meeting a certain percentage of goals for the year. For organizations leveraging existing capacity and funding streams, they are likely to quickly scale up to meet programmatic goals even in the first year. Furthermore, should a navigator appear to be underperforming, the administering agency (HFS, DOI, IDHS) should investigate and troubleshoot prior to defunding the organization.
- ICIRR agrees that Illinois should leverage current programs engaged in health benefits outreach, application assistance, etc. Specifically, Illinois could leverage the existing Immigrant Family Resource Program (www.ifrpil.org).

Navigator Funding, Funding Structures, and Selection

- ICIRR asserts that navigators should be funded by block grants with performance-based add-on payments. Particularly at the beginning of the enrollment process, it is imperative that community organizations know that they have a specific funding level and can hire and allocate resources accordingly. A pay-per-application model will prohibit organizations from building the necessary capacity to conduct significant outreach and enrollment efforts. The navigator report mentions the dilemma of reaching individuals where there is currently limited capacity. A block grant is one way to address this challenge.
- To better determine appropriate funding levels, ICIRR recommends an assessment on costs for full- and part-time staff plus necessary administration and overhead costs at a sampling of community based organizations representing various geographic areas, target constituencies, and organizational sizes.
- It should also be recognized that navigators working in hard-to-reach communities will need to put more effort into outreach and enrollment. Funding levels should respond to challenges like reaching a broad, rural geographic area which requires significant amounts of travel and even outpost sites; reaching a limited English proficient population which requires skilled bi-lingual staff; reaching mixed-status immigrant families which require significant amounts of community trust and knowledge of immigration law; reaching homeless populations, etc. Navigators responding to compounding barriers, like individuals who are immigrants, limited English proficient, and living in rural areas, will need to be funded at a level that affords the navigator the necessary capacity to reach the target population.
- ICIRR recommends that Illinois fund networks of navigator programs, rather than just individual sites.
 - Current outreach models like the State SNAP Outreach Plan and the Immigrant Family Resource Program fund a lead agency to act as administrator, trainer, convener, and troubleshooter with subcontractor agencies. This model allows the state to manage fewer contracts.
 - A few lead agencies can more easily coordinate serving overlapping geographic areas and populations. Given the finite pot of funds, it is imperative that outreach and enrollment across Illinois be as coordinated as possible.
 - A lead agency could take on the role reserved for level 3 (develop and conduct a large-scale outreach campaign). This campaign should be coordinated with the other grantees, not separate. Furthermore, it can be highly time-intensive to produce and place media ads. Such a funding scenario would likely duplicate efforts that could be better spent on localized outreach and enrollment activities. This function would be best reserved for a few lead agencies rather than all the organizations in level 2 funding.

- A lead agency/network model enables a lead agency to support organizations new to navigation in previously underserved areas, building new capacities in new sites or subcontractors brought into a network.
- Networks should be funded based on geographic areas or target populations, allowing each network to have its own areas of expertise.
- ICIRR supports that AKAAs should be encouraged to integrate into the Navigator Program. Many AKAAs would excel as navigators given their experience conducting outreach, explaining Medicaid programs to many hard to reach populations, and preparing applications. But, AKAAs who are not funded navigators should be able to continue to assist with All Kids enrollment.

The following thirty-eight partner agencies make up the Immigrant Family Resource Program. Our sites reach Latinos, Asians, Polish, Arab, Africans, and refugee communities in metro Chicago, the Collar Counties, and Central and Downstate Illinois.



Arab American Family Services
 Arab American Action Network
 Americans by Value
 Cambodian Association of Illinois
 Casa Guanajuato - Moline
 Casa Michoacán
 Catholic Charities of the Archdiocese of Chicago
 Centro de Información - Elgin
 Centro Romero
 Chinese American Service League
 Chinese Mutual Aid Association
 Community Health Partnership of Illinois - Kankakee, Woodstock
 Community Wellness Program at St. Anthony Hospital
 East Central Illinois Refugee Mutual Assistance Center
 Family Focus Aurora and Bensenville
 Fr. Gary Graff Center - Waukegan
 Hamdard Center for Health and Human Services - Addison
 HACES - Waukegan

Hanul Family Alliance
 Indo-American Center
 Instituto del Progreso Latino
 Korean American Community Services
 La Voz Latina – Rockford
 Latino Organization of the Southwest
 Logan Square Neighborhood Association
 Mano a Mano Family Resource Center - Round Lake Park
 Mujeres Latinas en Acción - Chicago and Cicero
 Muslim Women Resource Center
 Omni Youth Services - Mt. Prospect
 Polish American Association
 Puentes de Esperanza – East St. Louis
 Refugee One
 South-East Asia Center
 Township High School District 214 Community Education
 United African Organization
 World Relief - Wheaton, Aurora
 World Relief - Moline
 Youth Service Bureau of Illinois Valley – Mendota

Thank you for the opportunity to comment on HMA's Final Navigator Report.

ICIRR hopes to be a strong resource on the development and execution of Illinois' Navigator Program. For additional information, please contact Luvia Quinones, ICIRR's Immigrant Family Resource Program Director at lquinones@icirr.org or 312.322.7360 ext 221.